

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38237

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Smithton</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural + Smithton Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Washing St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>S</u> c. (Last) <u>Ramseyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 - 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 26 91</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>	IF UNDER 1 HRS. Hours <u>7</u> Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Bank Company Co agent</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pana Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alden Ramseyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Weber</u>		14. NAME OF HUSBAND OR WIFE <u>Stella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Ramseyer</u> ADDRESS <u>Smithton Mo</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>7:30 AM 11-5-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>June 19 49</u> to <u>Nov 5 19 49</u> , that I last saw the deceased alive on <u>Nov 5 19 49</u> , and that death occurred at <u>7:30 a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>E. Holtzman M.D.</u>		23b. ADDRESS <u>Smithton Mo</u>	
23c. DATE SIGNED <u>11/5/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	
24d. LOCATION (City, town, or county) (State) <u>Otterville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. Neimeyer</u> ADDRESS <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u> 251	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-7-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed A. F. Henningsen

Licensed Embalmer No. 3912

P. O. Address Smithton Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.